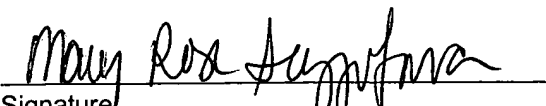
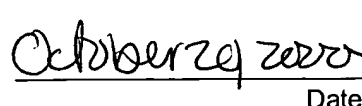




Signature of person mailing correspondence

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1. *What is the purpose of the study?*
 2. *What are the research questions or hypotheses?*
 3. *What is the study design?*
 4. *What is the sample size and how was it selected?*
 5. *What are the variables being measured?*
 6. *What are the data collection methods?*
 7. *What are the results of the study?*
 8. *What are the conclusions and implications of the study?*

Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NO.] and such small entity status is still proper and desired.	1 page
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 44 -20 x \$9.00	\$180.00
Excess Independent Claims Fee: 3 -3 x \$40.00	\$0.00
Multiple Dependent Claims Fee: \$135.00	\$0.00
Total Fees:	\$535.00
<input checked="" type="checkbox"/> Enclosed is a check for \$535.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any additional charges or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Mary Rose Scozzafava, Ph.D. Reg. No. 36,268 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
 Signature	 Date